

LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW

STUDENT ORGANIZATION NAME: _____

THIS IS: _____ ANNUAL REGISTRATION

_____ APPLICATION FOR NEW STUDENT GROUP

BRIEF DESCRIPTION OF ORGANIZATION: _____

ORGANIZATION BOARD (LIST POSITIONS AND BOARD MEMBER NAMES):

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)
- 8.)

FACULTY ADVISOR: _____

ORGANIZATION CONTACT INFORMATION

PRIMARY CONTACT PERSON: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

IS YOUR STUDENT GROUP AFFILIATED WITH A NATIONAL ENTITY? IF SO, WHICH ENTITY?__

**PLEASE NOTE: IF THIS IS AN APPLICATION FOR A NEW STUDENT ORGANIZATION,
PLEASE SUBMIT A CONSTITUTION.**

ALL ORGANIZATIONS MUST BECOME FAMILIAR WITH AND ABIDE BY THE POLICIES
CONTAINED IN THE LAW SCHOOL STUDENT HANDBOOK, AVAILABLE AT
[HTTP://WWW.LUC.EDU/LAW/ACADEMICS/RULES.HTML](http://www.luc.edu/law/academics/rules.html).

SIGNATURE OF PRESIDENT

DATE